GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406):	FOR COURT USE ONLY
	l ,
TELEPHONE NO.: FAX NO. (Optional):	
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	4
, ,	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	4
PETITIONER/PLAINTIFF:	
DESPONDENT/DEEENDANT.	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
	-
JUDGMENT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:
AMENDED SUPPLEMENTAL	
1. a. NOTICE: THIS IS A PROPOSED JUDGMENT. This Judgment Regarding Pacourt and will become legally binding unless you fill out and file the Answ Complaint Regarding Parental Obligations (Governmental) (form FL-610) of date you were served with the Summons and Complaint or Supplemental Obligations (Governmental) (form FL-600). If you need form FL-610, you magency's office, the court clerk, or the family law facilitator. The family law forms. To file the answer, follow the procedures listed in the attached inst b. NOTICE: THIS IS A JUDGMENT. It is now legally binding. 2. This matter proceeded as follows: a. Judgment entered under Family Code section 17430. b. By court hearing, appearances as follows: (1) Date: Dept.: Judicial officer: (2) Petitioner/plaintiff present Attorney present (name): (3) Respondent/defendant present Attorney present (name): (4) Other parent present Attorney present (name): (5) Local child support agency attorney (Family Code, §§ 17400,17406) (name): (6) Other (specify): c. The obligor (the parent ordered to pay support) is the petitioner/plaintiff 3. This order is based on presumed income for the obligor under Family Code section 4. Attached is a computer printout showing the parents' incomes and percentage of tin The printout, which shows the calculation of child support payable, will become the 5. This order is based on the attached documents (specify):	with the court clerk within 30 days of the Complaint Regarding Parental may get one from the local child support of facilitator will help you fill out the tructions. Trespondent/defendant other parent. of 17400. The respondent spends with the children.
 THE COURT ORDERS a. The mother and father listed in the complaint are the parents of the children named in b. Obligor must pay current child support as follows: 	
Name Date of birth	Monthly support amount
(1) Other (specify):	
() 33. (5655)	
(2) For a total of: \$ payable on the: day of e beginning (date):	each month
NOTICE: Any party required to pay child support must pay interest on overdue a currently 10 percent per year.	amounts at the legal rate, which is

	1		
_ PETITIONER/PLAINTIFF:		CASE NUMBER:	
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
6. b. (3) The low-income adjustment applies.			
The low-income adjustment does not apply	hecause (specify reasons):		
The low moome adjustment does not apply	because (specify reasons).		
(4) Any support ordered will continue until further ord	er of court, unless terminated by	operation of law.	
c. Obligor must pay child support for the past period	ods and in the amounts set forth	below:	
Name	Date of birth Period of s		
<u> </u>		<u></u>	
(1) Other (specify):			
(2) For a total of: \$ payable	e: \$	on the: day of each month	
beginning (date):			
(3) Interest accrues on the entire principal	al balance owing and not on each	n installment as it becomes due	
interest desires on the strains principal			
 d. If this is a judgment on a Supplemental Complaint, it d arrearage, unless specifically provided. 	oes not modify or supersede any	prior judgment or order for support or	
e. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge			
and collect interest and penalties as allowed by law. All payments ordered are subject to modification.			
f. All payments must be made to (name and address of	agency):		
g. An Order/Notice to Withhold Income for Child Sup			
		overage for the children if it is available	
through employment or a group plan, or otherwise ava			
agency office informed of the availability of the covera becomes available; (3) within 20 days of the local child			
(4) provide to the local child support agency all information			
(5) present any claim to secure payment or reimburse			
services for the children; and (6) assign any rights to r			
health-care services for the children. If the "Obligor" be	ox is checked, a health insurance	coverage assignment will issue.	
i The parents must notify the least shild support against	in writing within 10 days of any	shanga in rapidanae ar amplayment	
i. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.			
j. The form Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet			
on Changing a Child Support Order (form FL-192) is attached.			
k. The following person (the "other parent") is added as a party to this action under Family Code section 17404 (name):			
	. ,	,	
I. Obligor must pay costs of: \$			
m. Lacourt further orders (specify):			
Date:			
Sale.	-	JUDICIAL OFFICER	
7. Number of pages attached:		JODICIAL OFFICER	
	SIGNATURE FOLLO	WS LAST ATTACHMENT	
Approved as conforming to court order:			
Date:			
(SIGNATURE OF ATTORNEY FOR OBLIGOR)			
ISIGNATURE OF ATTURNET FUR UBLIGURT			